

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	MCSay	10	09-05-01
O.I.P.E. CLASSIFIER		1024	9/17
FORMALITY REVIEW	LL		10/4/07
RESPONSE FORMALITY REVIEW			

INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)... Canceled      A ..... Appeal  
 ÷ ..... Restricted      O ..... Objected

Claim	Final	Original	Date
1	+	+	
2	+	+	
3	+	+	
4	+	+	
5	+	+	
6	+	+	
7	+	+	
8	+	+	
9	+	+	
10	+	+	
11	+	+	
12	+	+	
13	+	+	
14	+	+	
15	+	+	
16	+	+	
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48	+	+	
49	+	+	
50	+	+	

Claim	Final	Original	Date
51	+	+	
52	+	+	
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57	+	+	
58	+	+	
59	+	+	
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100	+	+	

Claim	Final	Original	Date
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If more than 150 claims or 10 actions  
 staple additional sheet here

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5C-859  
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